



Department of Business and Industry

Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

THIRD PARTY ADMINISTRATOR (TPA) APPLICATION INSTRUCTIONS

EFFECTIVE JULY 1, 2009

The Nevada Division of Insurance (Division) has provided a checklist that must be incorporated into the application packet. **The TPA application must be bound and tabbed as indicated or it will be returned without being reviewed.**

GENERAL INFORMATION:

Fees effective July 1, 2009, 2009:

The certificate of registration for a TPA license is \$185. Fees are payable by check or money order to the Nevada Division of Insurance, and are nonrefundable.

Name Approval: Applicants must contact the Division of Insurance (Division) for a verbal name approval prior to completing any articles of incorporation, articles of organization or amendments with the Secretary of State's (SOS) office, or prior to filing any DBA/Fictitious Firm Name filings with the appropriate Nevada County Clerk's office.

Division Phone: (775) 687-0700

Division General E-mail: insinfo@doi.state.nv.us

Corporations, Limited Liability Companies, Limited Liability Partnerships and Associations, etc.:

Contact the [Nevada Secretary of State](#) (SOS) to obtain forms, instructions and applicable fees.

SOS Phone: (775) 684-5708

SOS Web site: www.nvsos.gov/business/forms/index.asp

Domestic Corporations Articles of Incorporation (Articles) Purpose Clause: Business entities whose purpose is to engage of the business of insurance are required to file with the SOS must include the following statement within the purpose clause of its Articles of Incorporation, **"To engage in the business of insurance in the capacity of a third party administrator all lines of authority permitted under the license issued in compliance with Nevada Revised Statutes (NRS) and Nevada Administrative Codes (NAC)."** The articles or amendment must be forwarded to the Division of Insurance prior to being filed with the Secretary of State by either of the following methods:

- **Mail the Articles or amendment** to the Division's address with the fee for the Secretary of State in a separate sealed envelope labeled "Secretary of State" or "SOS".
- **Faxing the Articles or amendment** to the Division's office. Upon approval of the Articles or amendment, the Division will fax the information to the fax number provided by the applicant for filing with the Secretary of State's office. The Division's fax number is (775) 687-0787.

Upon the Division's approval of the Articles or amendment the Division will its approval to the SOS for its consideration. When the SOS completes its review and approval process the business entity is required to furnish a filed copy of the approved Articles or amendment.

Foreign Corporations, Limited Liability Companies, Limited Liability Partnerships and Associations must contact the Nevada Secretary of State for any filings they may require.

The certificate of registration does not allow the administrator to market or administer products which are not approved in Nevada, or which are issued by a non-admitted insurer or unauthorized multiple employer trust or associate marketing plan.

NAC 616B.013 Availability, location and inspection of files of claims of injured workers; report of findings to insurer. ([NRS 616A.400](#))

1. An insurer or third-party administrator shall ensure that each file of any claim of an injured worker concerning an industrial injury which is filed in accordance with [chapters 616A](#) to [617](#), inclusive, of NRS or a regulation adopted pursuant thereto is available for inspection during regular business hours by:

- (a) The injured worker;
- (b) The attorney or other authorized representative of the injured worker;
- (c) The Commissioner or his designee; or
- (d) The Administrator.

2. All files of the claims of injured workers concerning industrial injuries must be administered in this State and be available for inspection at an office of the insurer or third-party administrator in this State.

3. After reviewing the file of a claim, the Commissioner or Administrator will report his findings to the insurer.

(Added to NAC by Div. of Industrial Relations by R105-00, 1-18-2001, eff. 3-1-2001; A by R007-06, 6-1-2006)

During the 2009 Legislative Session, [Senate Bill 195](#) amended various provision of the Nevada Revised Statutes reflecting the Division of Industrial Relations (DIR) approval authority over for the issuance and renewal of a certificate of registration of a third party administrator.

FORMS PROVIDED IN THIS PACKET:

CHECK LIST	Must be incorporated into application packet
ID-A-200	Application for Certificate of Registration for TPA
NAIC FORM	National Association of Insurance Commissioners (NAIC) Biographical affidavit
BOND	Sample bond

Questions: Contact the Division’s Producer Licensing Section specialty licensing staff member(s) in the Carson City at (775) 687-0700, option 1.

Nevada’s laws and regulations are available online at www.leg.state.nv.us or www.doi.nv.gov.
Producer Licensing Section forms can be found by logging on to www.doi.nv.gov



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All applications for a TPA license must be provided to the Division in a classification folder, legal size, two dividers with plain (self) tabs. Smead no.: C502-5A-2D or something similar provided it has six brads for attaching the items required in each section. If the applicant does not bind, tab and cross-reference the application as indicated, it will be returned to the applicant without being reviewed.

First Bracket

☐ FEES:

Payable to the Nevada Division of Insurance

☐ \$185.00 license fee

☐ \$10.00 fee for each additional location

Are there additional locations in Nevada? ☐ Yes ☐ No

[NAC 683A.165](#) **Administrator of self-insurance reserve fund.** ([NRS 679B.130](#)) An administrator of a self-insurance reserve fund pursuant to paragraph (c) of subsection 1 of [NRS 287.010](#):

1. If it is a corporation, shall submit to the Division to establish that it is a resident of Nevada, evidence that it has:
- (a) Its principal place of business in Nevada;

(b) Been qualified to do business in Nevada by the Secretary of State; or

(c) Articles of incorporation which authorize it to transact business in Nevada.
2. Shall keep all books and records relating to the plan in Nevada.
- (Added to NAC by Comm’r of Insurance, eff. 1-22-86; A 5-27-92)

Second Bracket

☐ **ID-A-200:** Licensing Application

- ☐ Type (1) Life & Health
- ☐ Type (2) Self-Funded Health Benefit Program
- ☐ Type (3) Self-Funded Employer Program for Workers’ Compensation
- ☐ Type (4) Workers’ Compensation

Name:	
Telephone number:	Facsimile number:
Contact person:	Email:

☐ **ARTICLES OF INCORPORATION**

☐ **BYLAWS**

☐ **PARTNERSHIP AGREEMENT** (if applicable)

Third Bracket

☐ **BIOGRAPHICAL AFFIDAVITS:**

List each person indicated on #9 and #10 on the Application for Certificate of Registration for Insurance Administrators below. A NAIC Biographical Affidavit must be submitted for each person listed. If answering “yes” to screening questions, attach written statement and supporting documentation. Affidavits must be in alphabetical order and must be notarized pursuant to [NRS 683A.08522](#)(6).

NAIC Biographical Affidavit Form [Word](#) [PDF](#)

[NAC 683A.125](#) **Duty to notify Commissioner of certain changes and provide copies of certain agreements.** ([NRS 679B.130](#)) An administrator shall:

1. Notify the Commissioner of any change in its members, owners, directors or officers within 90 days after the change.

NOTE: Provide biographical affidavits for all new members, owners, directors of officers.

Fourth Bracket

☐ **FINANCIAL STATEMENT:**

Provide financial statements:

NRS 683A.08522 Each application for a certificate of registration as an administrator must include or be accompanied by:

1. A financial statement that is certified by an officer of the applicant and must include:

(a) The amount of money that the applicant expects to collect from or disburse to residents of this state during the next calendar year;

(b) Financial information for the 90 days immediately preceding the date the application was filed with the Commissioner; and

(c) An income statement and balance sheet for the 2 years immediately preceding the application that are prepared in accordance with generally accepted accounting principles. The submission by the applicant of his consolidated income statement and balance sheet does not constitute compliance with the provisions of this paragraph.

☐ **PLAN OF OPERATION:**

Provide a detailed plan of operation statement as required by NRS 683A.08522(9):

NRS 683A.08522(9) A statement that describes the business plan of the administrator. The statement must include information:

(a) Concerning the number of persons on the staff of the administrator and the activities proposed in this state or in any other state.

(b) That demonstrates the capability of the administrator to provide a sufficient number of experienced and qualified persons for the processing of claims, the keeping of records and, if applicable, underwriting.

☐ **STAFF:**

Provide a written explanation that demonstrates that the applicant has sufficient staff and equipment to process claims in a timely manner. Include an organizational chart that identifies each person who directly or indirectly controls the administrator and each affiliate of the administrator. Include a description of any automated system that will be used.

☐ **TRUST AGREEMENT:**

[NRS 683A.086](#) . A copy of each trust agreement and any amendments thereto, or a statement signed by an officer of the corporation verifying that no trust agreements exist. The administrator administers a trust established pursuant to [NRS 287.015](#), under a contract with the trust.

Fifth Bracket

☐ **AGREEMENT:**

Agreement between:

Tab and cross-reference the agreement with all statutory requirements or it will be returned without being reviewed. Complete the cross-reference form as indicated listing where the requirements are located in the agreement. N/A is not acceptable. If the required statutes are not specifically stated within the agreement, attach a Nevada addendum. If the applicant does not have an agreement, the applicant must furnish a sample agreement that will be substituted upon signing. Executed agreements must have a Nevada addendum. Applicants must provide each executed agreement with an insurer or other entity within 90 days after entering into the agreement.

Per NRS 683A.086, no person may act as an administrator unless he has entered into a written agreement with an insurer, and the written agreement contains provisions to effectuate the requirements contained in NRS 683A.087 to 683A.0883, inclusive, which apply to the duties of the administrator.

NAC 683A.100 “Insurer” defined. ([NRS 679B.130](#)) Unless the context otherwise requires, any reference to “insurer” contained in [NRS 683A.025](#), [683A.085](#) to [683A.0893](#), inclusive, and [NAC 683A.105](#) to [683A.165](#), inclusive, shall be deemed to include any employer for whom a program of self-insurance is administered by an administrator.

<u>Statute</u>	<u>Topic</u>	<u>Location in agreement</u>
NRS 683A.087	Advertising	
NRS 683A.0873	Records Maintenance (1) (2) (3) (4)	
NRS 683A.0877	Fiduciary Accounts (1) (2) (3) (4) (5) (6) (7)	
NRS 683A.0879	Claim Coverage (1) (2) (3) (4) (5)	
NRS 683A.088	Claims Payment	
NRS 683A.0883	Compensation (1) (2)	

Sixth Bracket

☐ **BOND:**

☐ **Bonding Company:**

☐ **Bond number:**

☐ **Bond Amount:**

☐ **90 day clause:**

A surety bond of at least \$100,000.00 with the Power of Attorney attached. The bond must comply with [NRS 683A.0857](#) and [NAC 683A.155](#). The bond must have a 90-day cancellation clause and must be countersigned by either a resident or nonresident producer. A certificate of deposit may be provided in lieu of a surety bond. Refer to distribution amount for calculation of the bond.

☐ **Bond Cancellations:** Pursuant to NRS 683A.0857(4), an administrator's certificate is automatically suspended if he does not file with the Commissioner a replacement bond before the date of cancellation of the previous bond. A replacement bond must meet all requirements of this section for the initial bond.

☐ **DISTRIBUTION AMOUNT:**

The report illustrating the amounts of money which the applicant will receive (include: premium, insurance charges, money in client accounts that the TPA has access to) and distribute (claims paid), or anticipates receiving and distributing, on behalf of its principals for the first year of business is the basis for the calculation of the amount of the surety bond or certificate of deposit. If an amount is "zero", this must be stated in the report.

NAC 683A.155 (4) For the purposes of this section, the amount of money received and distributed by the administrator during an average month is the total amount of money received and distributed by him in this state during a fiscal year, divided by 12. Within 90 days after the end of the administrator's fiscal year, each administrator shall file with the commissioner a report stating the total amount of money so received and distributed during the preceding fiscal year. The report:

(a) Must be certified by an officer or partner of the administrator, if it is a corporation or partnership; and

(b) If there is any change in the required amount of the bond because of an increase or decrease in the amount of money received and distributed by the administrator, must be accompanied by a replacement bond in the appropriate amount.

☐ **FIDUCIARY ACCOUNT:**

Pursuant to NRS 683A.400; Evidence that a fiduciary bank account has been established in the state of Nevada, or a statement signed by an officer of the corporation stating that all monies collected will be remitted to those entitled within 15 days.

☐ **Required Industry reports:** Failure to file, late filing or incomplete filing of a required industry report may result in an administrative fine of up to \$2,000.

Check the boxes to acknowledge the required reports and due dates. Filing forms are available on the Division's Web site at www.doi.nv.gov

☐ **Receipts & Distribution due within 90 days of the end of the TPA's fiscal year end.**

☐ **July 1 Annual Report**

NAC 683A.155 Bond or certificate of deposit. ([NRS 683A.0857](#))

1. Except as otherwise provided in subsection 3, and in addition to the amount prescribed by statute, the amount of the bond for each administrator must be increased as follows for each \$1,000,000 received and distributed by the administrator within this state during an average month:

Amount received and distributed	Total Amount of Bond
\$1,000,000 or less	\$100,000
More than \$1,000,000, but less than \$2,000,000.....	200,000
\$2,000,000 or more, but less than \$3,000,000.....	300,000
\$3,000,000 or more, but less than \$4,000,000.....	400,000
\$4,000,000 or more, but less than \$5,000,000.....	500,000
\$5,000,000 or more.....	10 Percent of the amount received and distributed, but not more than \$1,000,000

2. If the commissioner finds that the increased bonds are unavailable, the division will accept proof of coverage over \$100,000 in the additional amounts specified in subsection 1 under a fidelity policy and a policy which covers the errors and omissions of the administrator or his employees. The policies must be reviewed and approved by the division and provide for notice to the division 90 days before their cancellation or nonrenewal. Proof of the increases in the bond or the policies of insurance must be furnished to the division within 30 days after the increase.

3. If an administrator is not authorized to issue a check or draft and only handles claims for the person employing him, he is only required to maintain the bond for \$100,000.

4. For the purposes of this section, the amount of money received and distributed by the administrator during an average month is the total amount of money received and distributed by him in this state during a fiscal year, divided by 12. Within 90 days after the end of his fiscal year, each administrator shall file with the commissioner a report stating the total amount of money so received and distributed during the preceding fiscal year. The report:

(a) Must be certified by an officer or partner of the administrator, if it is a corporation or partnership; and

(b) If there is any change in the required amount of the bond because of an increase or decrease in the amount of money received and distributed by the administrator, must be accompanied by a replacement bond in the appropriate amount.

5. An administrator may submit a certificate of deposit from a financial institution in this state that is insured federally, made payable to the Commissioner of Insurance and the administrator, in lieu of the bond required by [NRS 683A.0857](#). The certificate of deposit must:

(a) State that the amount of the deposit is unavailable for withdrawal except upon the signed authorization of the division; and

(b) Be accompanied by a statement or letter from the issuing financial institution which verifies that:

(1) The requisite amount of money is being held to satisfy the requirement for a deposit; and

(2) The amount of the deposit is unavailable for withdrawal except upon the signed authorization of the division.

Refer to [Senate Bill 195](#) for information relating to provisions amending the bonding requirements.

BOND NO.:_____

BOND OF ADMINISTRATORS AS PROVIDED BY NRS 683A

WHEREAS; _____, seeks to become licensed as an “Administrator” as defined by NRS 683A (as revised from time to time), and pursuant thereto, _____, shall file with the Commissioner of Insurance a bond with an authorized surety in favor of the State of Nevada; and

WHEREAS; _____, is prepared to assume the duties; obligations, responsibilities and rights provided by NRS 683A.0857;

NOW THEREFORE, the following undertaking is entered into on behalf of _____ by _____ a corporation existing under the laws of the State of _____ and duly authorized to transact business in the State of Nevada, do hereby undertake and bond ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents for the sum of \$100,000 dollars, in favor of the State of Nevada to inure for the benefit of any person damaged as specified in NRS 683A.0857 (as revised from time to time).

IT IS UNDERSTOOD AND AGREED that the aggregate liability under this bond shall not exceed the penal sum of the bond regardless of the number of years this bond shall remain in effect, and in no event shall the liability of the Surety of this bond exceed the requirements of NRS 683A.0857 (as revised from time to time).

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety may at any time terminate its liability by giving ninety (90) days written notice to the obligee, and the Surety shall not be liable for any loss after the expiration of the ninety (90) days except for losses occurring while the bond is in full force and effect.

All other terms and conditions of NRS 683A.0857 (as revised from time to time) and incorporated herein as though fully set forth, and any rights, obligations and duties imposed thereby shall apply as though specifically set forth herein.

Signed, sealed and dated this _____ day of _____, _____.
To be effective _____.

By: _____
(Signature & Printed name of principal)

By: _____
(Surety/Company name)

By: _____
(Signature & Printed name)
Attorney-in-fact on file with the Nevada
Division of Insurance Attach Power of Attorney.

By: _____

(Signature, printed name, license number of
countersigning agent directly appointed by insurer.)



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APPLICATION FOR CERTIFICATE OF REGISTRATION FOR INSURANCE ADMINISTRATORS

Check the type of Certificate of Registration for which you are applying:

- ☐ Life/Health Insurance (Type 1) ☐ Self-Funded Health Benefit Program (Type 2)
☐ Self-Funded Employer Program for Workers' Compensation (Type 3) ☐ Workers' Compensation (Type 4)
☐ (Type 5)

1. Name of applicant _____

2. Principal business address _____

3. Principal business phone number _____ Principal business fax number _____

4. Federal Identification Number _____

5. Branch office address, if any _____

6. Branch office phone number _____ Branch office fax number _____

7. Does applicant intend to transact business under a fictitious name? Yes ☐ No ☐ If answer is "yes" give such name: _____

8. If applicant is an organization, type of business organization (check one):

- ☐ Domestic Corporation ☐ Foreign Corporation ☐ Association ☐ Partnership

9. If applicant is a partnership or association, give full names and addresses of all members. If a corporation, the full names and addresses of all officers:

Full Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Give name of all persons who intend to act under the certificate and the relationship of each to the applicant. Include all individuals listed in #9 and any individual who will be handling Nevada business. (Each person who manages or controls the administrator file individual biographical affidavits and qualify.)

Full Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

11. Does the applicant agree that if a certificate is issued, only those persons named in the certificate will be authorized to act under the certificate? Yes ☐ No ☐

12. Is the applicant now, or has it ever been licensed as an insurance producer or broker? Yes ☐ No ☐ If the answer is "yes" give the type(s) of license(s) held and date(s) _____

13. Does the applicant now hold any insurance license issued by states or provinces other than Nevada? Yes ☐ No ☐ (If answer is "yes" complete the following):

Type of License	Resident or Non-Resident	State or Province

14. Has the applicant ever been licensed to transact insurance elsewhere than in Nevada or as shown in 13 above?

Yes ☐ No ☐ (If answer is "yes" give name(s) of state(s), license(s) and date(s) _____)

15. Has any license applied for or issued to applicant or any person under No. 13 or 14 listed above ever been denied, suspended or revoked? Yes ☐ No ☐ (If answer is "yes" attach a supplementary statement of fact explaining the action.

16. Has the applicant or any individual listed in No. 9 or 10 ever: (If any of the questions are answered "yes" please attach a statement.

- | | | |
|--|------------------------------|-----------------------------|
| (a) Been charged, arrested or convicted of a felony?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Been charged, arrested or convicted of a misdemeanor?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Received an Executive Pardon?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Been permitted to change its plea of guilty after conviction of a crime or had the judgment or verdict vacated?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Entered a plea of nolo contendere to a criminal action?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

17. Is applicant or any individual listed in No. 13 or 14 above now or has it ever been indebted, other than for current accounts to any company or person for unpaid premiums or return premiums? Yes ☐ No ☐ (If answer is "yes" attach a supplementary statement giving full details concerning the indebtedness including how it arose, the parties involved and the final outcome of the matter.

18. Has the firm or any owner, partner, officer or director ever been convicted of, or is the firm or any owner, partner, officer or director ever been convicted of, or is the firm or any owner, partner, officer or director currently charged with committing a crime?

"Crime" includes a misdemeanor, felony or military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or fine.

Yes ☐ No ☐

If you answered "yes" you must attach to this application:

- (a) a written statement explaining the circumstances of each incident,
- (b) a copy of the charging document, and
- (c) a copy of the official charging document which demonstrates the resolution of the charges or any final judgment.

The undersigned owner, partner, officer or director of the business entity hereby certifies under penalty of perjury, that:

I have read the foregoing application and know the contents thereof, that each statement therein made is full, true and correct and I understand that any false statement may subject all licenses issued to me and/or to this organization to suspension or revocation.

Nonresidents Only: The business entity hereby designates the Commissioner of Insurance to be its agent for service of process regarding all insurance matters in the State of Nevada and agrees that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.

**NOTE: If applicant is a partnership each member
Thereof must sign the application.**

Signature_____

Printed Name and Title_____

Date_____

State of_____

County of_____

Personally appeared before me the above named

personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this_____day of _____

(Notary Public)

(SEAL)

My Commission Expires_____

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Company (Do Not Use Group Names). _____

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) **IF ANSWER IS 'NO' OR 'NONE', SO STATE.**

1. Affiant's Full Name (Initials Not Acceptable)

2. a. Have you ever had your name changed? _____ If yes, give the reason for the change _____

b. Other names used at any time _____

3. Affiant's Social Security Number _____

4. Date and Place of Birth _____

5. Affiant's Business Address

Business Telephone

6. List your residences for the last ten (10) years starting with your current address giving:

DATE ADDRESS CITY, STATE OR COUNTRY

7. Education: Dates, Names, Locations and Degrees.

College_____

Graduate Studies_____

Others_____

8. List memberships in Professional Societies and Associations.

9. Present or Proposed Position with the Applicant Company.

10. List complete employment record (up to and including present jobs, positions directorates or officerships) for the past twenty (20) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted. Yes No (Circle One)

Former employers may be contacted. Yes No (Circle One)

12. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details_____

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____

If yes, provide details: _____

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past state, date license issued, issuer of license, date terminated, reasons for terminations. _____

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____

If yes, provide details. _____

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power.)

If any of the stock is pledged or hypothecated in any way, provide details _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? _____

If any of the shares or stock are pledged or hypothecated in any way, provide details. _____

17. Have you ever been adjudged bankrupt? _____

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? _____

If yes, provide details. _____

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____

If yes, provide details. _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____

If yes,
provided details. _____

Dated and signed this _____ day
of _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above
named _____
personally known to me, who, being duly sworn, deposes and says that he executed the above
instrument and that the statements and answers contained therein are true and correct to the best of his
knowledge and belief.

Subscribed and sworn to before me this _____ day of

of _____.

(Notary Public)

(SEAL)

My Commission Expires _____